

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010324
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 88

Primary Registration District No. 5930

Registrar's No. 9

FILED APR 11 1962

1. PLACE OF DEATH

a. COUNTY

CRAWFORD

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN OSAGE

Length of stay in 1b
LIFE

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 3MI. E. CHERRYVILLE

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY CRAWFORD

c. CITY OR TOWN CHERRYVILLE

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
3MI. E. CHERRYVILLE

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

LAWRENCE

W.

EATON

5. SEX

MALE

6. COLOR OR RACE
WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
5-29-1900

9. AGE (last birthday)
61

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
CHERRYVILLE, MO.

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

WILLIAM EATON

13b. MOTHER'S MAIDEN NAME

JENNIE MARTIN

14. NAME OF HUSBAND OR WIFE

PEARLE EATON

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

3 PEARLE EATON, CHERRYVILLE, MO

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatosis - generalized

INTERVAL BETWEEN ONSET AND DEATH.

6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

CVA 4/15/61

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1945 to 3/22/62 and last saw her live on 3/22/62

Death occurred at 7:02 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Steelville MO

22c. DATE SIGNED

4/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

4-3-1962

23c. NAME OF CEMETERY OR CREMATORY

CHERRYVILLE

23d. LOCATION (City, town, or county)

CHERRYVILLE

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

JONAS FUNERAL HOME STEELVILLE, MO 4/3/62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Mrs. Hazel Lechman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 11 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Steelville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.